Tobacco and ethics

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SUMMARY. Tobacco is both dangerous and addictive. Its production and use thus raise ethical questions which involve the smoker, parents, teachers, producers, distributors and the State. The moral responsibilities of the various parties are examined critically and legal restrictions are considered to be justified.

Introduction

THERE is a definite association between smoking and various diseases.[1,2] Society does not generally appreciate the extent of the risks of smoking, which exceed those attributable to all other reliably established causes of death.[3]

The use of tobacco is not only dangerous but also very addictive. Russell[4] called it 'The most addictive and dependence producing form of object specific behaviour for self-gratification known to man'. Very few smokers are able to limit themselves to intermittent or occasional use. In a study of 210 London drug addicts tobacco was needed as much as heroin or methadone if not more.[5] After a period of abstention the relapse decay curves for heroin, alcohol and tobacco are very similar and have equally gloomy implications.[6] Table 1 shows a comparison of various characteristics of addictive drugs.

Anyone studying Table 1 without bias or foreknowledge would rate tobacco as one of the worst and most undesirable drugs of addiction. There is, in fact, no essential difference between the use of alcohol and tobacco and the use of opium and cannabis.[7] Society has not shown itself to be a good judge of these matters in the past, for familiar drugs of addiction retain their respectability, while strange ones are initially mistrusted. In the eighteenth century cheap gin was tolerated[8] and in the nineteenth century opium was freely and legally available in the USA and Britain.[9]

The use of tobacco, then, is both dangerous and addictive and for these reasons its production, distribution and consumption raise ethical issues which merit examination.

The smoker

Implicit in this discussion is the belief that human beings are autonomous, exercise freedom of choice, take moral responsibility for their actions and ought to pursue good ends for themselves and for others, including happiness, well-being and good health. This includes making every effort to ascertain the probable outcome of one's actions.

It has been contended that it is morally acceptable to jeopardize one's own well-being but not that of others.[10] Christians would certainly dispute this and hold that there is an obligation to look after one's own health.[11] The moderate use of alcohol is, however, tolerated in the New Testament (1 Timothy 5:23): 'Use a little wine for thy stomach's sake' St Paul advises Timothy, and St Benedict[12] counsels his monks that a hemina of wine each day suffices for their needs. The availability of addictive drugs other than alcohol is relatively recent in the Western World, and possibly explains why the ethical aspects of their production and usage have in the past been largely ignored. Most moral philosophers would hold that addiction is harmful because not only does it normally undermine health, but also the addict's capacity to act as a free agent. Many users of alcohol are habituated and some are addicted. By comparison, almost all

Table 1. A comparison of the characteristics of addictive drugs.

Drug	Route of administration	Speed of absorption	CNS effects	Drug dependency	Long-term organic ill-effects	Likelihood of relapse after abstention	Immediate toxicity	Social disruption	Society's attitude
Alcohol	Ingestion	Variable	Marked with excessive use	Unusual	Unusual	High	High	Occasionally severe	Tolerant
Cannabis	Usually inhalation	Rapid	Marked with excessive use	Intermediate	Uncertain	Intermediate	Slight	Frequent	Disapproval, increasingly tolerant
LSD	Ingestion	Slow	Marked	Rare	Uncertain	N/A	Slight	Frequent	Strong disapproval
Opium	Injection or inhalation or ingestion	Intermediate or rapid	Generally slight	Usual	Indirect and severe	High	Slight	Very frequent	Recent strong disapproval
Tobacco	Usually inhalation	Very rapid	Slight	Usual	Usual, delayed and severe	High	Slight	Occasional	Tolerant
Cocaine	Inhalation or injection	Slow	Marked with excessive use	Psychological but not physical	Local only	Intermediate	Slight	Occasional	Disapproval, increasingly tolerant

CNS = central nervous system. LSD = lysergic acid diethylamide. N/A = not applicable.

users of tobacco are addicted.[13] Even John Stuart Mill, the apostle of liberty, recognized that no man is free to sell himself into slavery. In his essay *On liberty* he writes: 'The principle of freedom cannot require that he should be free not to be free . . . It is not freedom to be allowed to alienate his freedom.'[10] Smokers seem to agree for most have tried repeatedly to give up the habit.[13]

Parents and teachers

It is clear that if the consumption of tobacco is harmful and degrading both parents and teachers have a duty to discourage it in their charges. The principal influences determining whether an uncommitted adolescent becomes addicted to tobacco are exposure to advertising, particularly on television,[14] the example of parents, siblings, teachers and peer groups and the disciplinary policy of home and school.[15,16] Parents and teachers, therefore, have a moral obligation to discourage the smoking habit in children by precept and example and to provide a disciplinary structure which lessens the exposure of the individual adolescent to peer group pressures.

Tobacco producers and distributors

Is it morally wrong to produce, distribute and sell a harmful commodity? If it is wrong then can this wrong be offset by other benefits to mankind such as the provision of employment and the prosperity of Third World countries? A utilitarian, whose aim is to secure the greatest happiness of the greatest number, might erroneously conclude that the benefits of tobacco production outweigh its ill-effects, but it is, however, becoming increasingly clear that the growing of tobacco is proving to be a disaster for the Third World. Two or three hectares of forest are needed to cure one ton of tobacco and deforestation proceeds apace; much of Andhra Pradesh in India, for example, is a barren waste and at the present rate of felling there will not be a tree left in Kenya by the year 2000.[17] In addition, tobacco competes for land suitable for food production. Most of the revenue of tobacco production accrues to the multinational tobacco companies and the export revenue obtained by Third World countries is increasingly offset by the import of tobacco end-products.[17] Thus, the principal benefits which remain are the employment of tobacco workers in the Western World and the dubious pleasure attaching to a habit which, as already noted, most addicts have tried and failed to give up.

In *Smoke ring, the politics of tobacco*[18] Taylor has set out in detail the activities engaged in by the multinational tobacco companies in their attempt to retain and expand their markets. These include lobbying and manipulation of politicians, the creation of organizations such as FOREST, the use of advertising aimed at the uncommitted young and the use of large advertising budgets to stifle adverse editorial comment and features in the press.

Are corporations capable of moral or immoral actions?[19] A corporate morality may be regarded simply as the aggregate of the individual moralities of its members or as possessing itself a moral personality distinct and separate from these. Either way, this does not absolve the individual members of the corporation from their own moral responsibilities whether in the role of agents of the corporation or not. Individuals working in the tobacco industry are responsible for their actions and the outcome of these actions. It is no defence for a senior executive of a tobacco company to maintain that since he is not a doctor he cannot have an informed opinion on the available medical evidence. The various reports of the American Surgeon-General and the British Royal College of Physicians are available and intelligible to an educated layman. This censure must also apply to those executives in advertising agencies promoting tobacco products. In his book *Liberty, justice and morals,* Leiser points out, in a chapter devoted to 'truth in the market place', that advertisers have 'a moral responsibility, for were it not for the advertisers' intervention, the consumer might never have suffered the damage done to him by the product he purchased'.[20]

All those engaged in tobacco production, distribution and sales promotion share moral responsibility for the harm inflicted on their fellows as a result of their activities. The degree of blame which attaches to each individual clearly differs according to the part he or she plays in bringing about these actions; a senior executive is more blameworthy than the fieldhand or the local tobacconist.

In view of the tendency of human beings to resolve such moral dilemmas to their own advantage, it is often necessary to reinforce moral imperatives by legal sanctions.

Tobacco and the law

In a free society the State has two obligations which sometimes conflict. The first is to protect the liberty of the individual and the second to restrain him from harming others. Mill's essay *On liberty*[10] is a classic defence of individual freedom but he recognized that acts harming others should be penalized, if only by opinion, provided that such acts were not done with the consent of the victim. Mill insisted that the consumer should be made fully aware of the harmful effects of any dangerous product offered for sale and he saw clearly the need to protect minors and others incapable of rational and mature judgment from the consequences of their ill-considered actions. With this exception Mill was adamant 'that the only purpose for which power can be rightfully exercised over any member of a civilised community, against his will is to prevent harm to others. His own good, either physical or moral, is not a sufficient warrant.'[10] Mill's contemporary, James Fitzjames Stephen, held the interventionist view that if the harm envisaged were great enough, then laws should be enacted to prevent it;[21] an opinion that has gained considerable support since Mill's day.

Those political philosophers who envisage the State having a more positive role and see it as the prime function of the State to help each individual to self-realization would agree with the American jurist Summers, who includes among the functions of the law that of promoting 'human health and a healthy environment'.[22] Neither Stephen nor Summers would see legal restrictions on tobacco production and distribution as offensive to the liberal conscience. Even Mill might be invoked to support certain restrictions. Thus, the impossibility of shielding minors from advertisements could well be cited as justification for the banning of all tobacco advertisements in public places and in the press. In addition, legislation to improve the wording of warnings on cigarette packets, to stop the association of tobacco with the arts and sport and to limit the exposure of non-smokers to secondary smoking, would be entirely justified.

Sadly, our legislators have done little to attain these ends. This inactivity is likely to continue while tax revenue exceeds the cost to the Exchequer of treating tobacco related diseases[18] and while successive governments yield to the pressures exerted by the tobacco industry and ignore the evil consequences of smoking. The 'smoke ring' will not be broken overnight. It will disintegrate slowly only if the worldwide demand for tobacco decreases.

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Doctors' knowledge about their patients

This study was designed to determine what doctors and nurses in family medicine actually know about the families of their patients; and to relate this knowledge to the patient's level of satisfaction and compliance. Doctors completed questionnaires dealing with their knowledge of personal and family information about patients. These patients completed a mirror-image questionnaire to assess the accuracy of the clinician's responses — doctors thought they knew the patient's occupation in 86% of cases and were correct 73% of the time. The respective percentages for the spouse's level of education were 49% and 35%. Doctors and patients agreed on whether there was a marital or a financial problem 66% and 47% of the time respectively. High knowledge scores for doctors were not associated with either high satisfaction or good compliance on the patient's side.

Source: Rosenberg EE, Pless IB. Clinicians' knowledge about the families of their patients. *Family Practice* 1985; **2:** 23-29.